

Charles A. But
Paralegal Specialist

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 10/088201)**

SERIAL NO. **10/088201** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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48							98						
49							99						
50							100						
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T TAL DEP.	3						TOTAL DEP.						
T TAL CLAIMS	5						T TAL CLAIMS						